

MULTIPLE INDEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED	AFTER		AFTER		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL	5					
TOTAL DEP.	5					
STAMPS	4					
STAMPS DEP.	4					
TOTAL CLAIMS	100					

BEST AVAILABLE COPY